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Bib Data Sheet

SERIAL NUMBER 09/421,635	FILING DATE 10/19/1999 RULE _	CLASS 606	GROUP ART UNIT 2731	ATTORNEY DOCKET NO. 1759.16690
APPLICANTS MARK A. REILEY, Piedmont, CA ; MICHAEL L. REO, Redwood City, CA ; ROBERT M. SCRIBNER, Los Altos, CA ;				
** CONTINUING DATA ***** NONE				
** FOREIGN APPLICATIONS ***** NONE				
IF REQUIRED, FOREIGN FILING LICENSE ** SMALL ENTITY ** GRANTED ** 11/08/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>3/18/2</u> Allowance Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 14	TOTAL CLAIMS 16
INDEPENDENT CLAIMS 1				
ADDRESS DANIEL D RYAN RYAN KROMHOLZ & MANION SC 633 WEST WISCONSIN AVENUE MILWAUKEE ,WI 53203				
TITLE HAND-HELD INSTRUMENTS THAT ACCESS INTERIOR BODY REGIONS				
FILING FEE RECEIVED 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 4414

SERIAL NUMBER 09/421,635	FILING DATE 10/19/1999 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 1759.16690	
APPLICANTS MARK A. REILEY, Piedmont, CA; MICHAEL L. REO, Redwood City, CA; ROBERT M. SCRIBNER, Los Altos, CA;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 11/08/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY CA	SHEETS DRAWING 14	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 1
ADDRESS RYAN KROMHOLZ & MANION, S.C. P.O. BOX 26618 MILWAUKEE, WI 53226-0618					
TITLE HAND-HELD INSTRUMENTS THAT ACCESS INTERIOR BODY REGIONS					
FILING FEE RECEIVED 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		